

RECEIVED  
CENTRAL FAX CENTER Docket No. 026049-000220US

PTO FAX NO.: 1-571-273-8300

JAN 30 2006

ATTENTION: Post Issue

Group Art Unit 3763

**OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
POST ISSUE**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Babak Nemati, Application No. 09/777,640, filed February 7, 2001 for METHOD AND APPARATUS TO ENHANCE OPTICAL TRANSPARENCY OF BIOLOGICAL TISSUES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Form PTO/SB21
2. Power of Attorney and Correspondence Address Indication Form

Number of pages being transmitted, including this page: 3

Dated: January 30, 2006

Timothy S. Parker  
\_\_\_\_\_  
Timothy S. Parker

*PLEASE CONFIRM RECEIPT OF THIS PAPER BY  
RETURN FACSIMILE AT (858) 350-6111*

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, CA 94111-3834  
Telephone: 858-350-6100  
Fax: 415-576-0300  
60689631v1

PTO/SB/21 (00-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

|  |                  |
|--|------------------|
| Application Number                       | 09/777,640       |
| Filing Date                              | February 7, 2001 |
| First Named Inventor                     | Nemati, Babak    |
| Art Unit                                 | 3763             |
| Examiner Name                            | M. Hayes         |
| Total Number of Pages In This Submission | 2                |
| Attorney Docket Number                   | 026049-000220US  |

**RECEIVED  
CENTRAL FAX CENTER**  
**JAN 30 2006**

**ENCLOSURES (Check all that apply)**

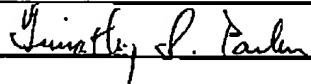
|   |   |   |         |  |
|---|---|---|---------|--|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |         |  |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |         |  |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |         |  |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application                             | <input type="checkbox"/> Proprietary Information  |         |  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Status Letter  |         |  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |         |  |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Request for Refund   |   |         |  |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> CD, Number of CD(s) _____  |   |         |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Landscape Table on CD  |   |         |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |         |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53   |   |   |         |  |
| <table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table> |   |   | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.              |   |         |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Steven C. Petersen  |          |        |
| Date         | January 30, 2006  | Reg. No. | 36,238 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on January 30, 2006.

|                       |   |
|-----------------------|---|
| Signature             |  |
| Typed or printed name | Timothy S. Parker   |
| Date                  | January 30, 2006  |

60699815 v1

RECEIVED  
CENTRAL FAX CENTER

003/003

JAN 30 2006

PTO/SB/81 (04-05)

POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM

|                        |   |
|------------------------|---|
| Application Number     | 09/777,640  |
| Filing Date            | February 7, 2001  |
| First Named Inventor   | Nemati, Babak   |
| Title                  | METHOD AND APPARATUS TO<br>ENHANCE OPTICAL<br>TRANSPARENCY OF BIOLOGICAL<br>TISSUES |
| Art Unit               | 3783  |
| Examiner Name          | M. Hayes  |
| Attorney Docket Number | 026049-000220US   |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

20350

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

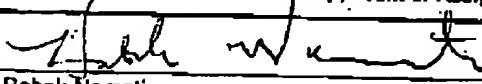
OR

|   |       |       |     |
|---|-------|-------|-----|
| <input type="checkbox"/> Firm or<br>Individual Name |       |       |     |
| Address   |       |       |     |
| City  |       | State | Zip |
| Country   |       |       |     |
| Telephone   | Email |       |     |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

|                   |   |           |                |
|-------------------|---|-----------|----------------|
| Signature         |  | Date      | 1/30/06        |
| Name              | Babak Nemati  | Telephone | (858) 456-6116 |
| Title and Company |   |           |                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of \_\_\_\_\_ forms are submitted.

60678522 v1